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A CASE OF TRAUMATIC MENINGOCELE; OPERATION, FOLLOWED BY PERFECT RECOVERY.

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On the 12th of August, 1893, Jacob F., four years old, was brought to my department of Mt. Sinai Dispensary to be treated for a swelling over the back of his head. Three weeks before he had fallen from a first-story window and had sustained a scalp wound. The boy was very dirty, and his hair was matted over a swelling as big as a duck's egg, which was plainly fluctuating. It was a busy day in the dispensary, so I gave the case to my assistant, Dr. D. D. Goldstein, for incision, thinking it to be an abscess under the scalp. Dr. Goldstein, having carefully shaved and scrubbed the part, noticed that something more than ordinary fluctuation was present, and called my attention once more to the patient. On questioning the boy's parents we then learned that he had been for a few moments after the accident unconscious, but that he quickly recovered himself and ran about as usual. He vomited once on that day, but had no convulsion or other suspicious symptom. For nearly three weeks the boy had been well except that an enlargement at the back of his head had been slowly forming. For two days before he was brought to me there had been persistent vomiting, but no other symptom. No chill nor fever had been noted.

Examining the patient very carefully, the swelling was found to be of a thick sausage-shape, running from the most prominent part of the occiput to the left and downward. It was fluctuating, softly pulsating, and could be partly reduced. It became tense when the child cried. When partly reduced, one could feel a crevice in the bone extending vaguely in the direction of the swelling. A fine sterile hypodermatic needle was thrust into the tumor, and clear, non-albuminous fluid withdrawn, about thirty minims in all. The diagnosis of traumatic meningocele was now considered practically certain, and the patient was transferred to my service in the hospital. For the following two days the boy's condition remained unchanged except that the vomiting temporarily ceased. The patient was irritable and apprehensive, crying whenever one but looked at him. On the 14th the tumor had become very tense, and the boy vomited his dinner, so three drachms of fluid were removed by aspiration.

On August 17th I operated. An incision was made around the tumor in the shape of a horseshoe, with the curve above and the pedicle below. I tried to separate the sac from the scalp, intending then to cut off the redundant portion, suture the stump and return it to the cranial cavity. The sac was so very thin and so adherent, however, that it burst at the first attempt. There was no shock, and the child bore the chloroform well, so the operation was continued. The fissure in the

left parietal bone through which the meningocele protruded was now disclosed. It was about a quarter of an inch in width, and began quite abruptly about an inch to the left of the junction of the sagittal and lambdoid sutures, whence it extended downward and to the left parallel with the margin of the occipital bone and toward the mastoid process of the temporal for two and a quarter inches. Here the edges of the crevice came together, and the break extended farther as a closed crack, the end of which I did not deem it necessary to see. Looking into the fissure one could see apparently normal pia covering the brain. With a small sharp spoon I removed that part of the meningocele sac which covered the edges of the fracture, and at the same time thoroughly scraped the bone from inner to outer table, so as to excite new bone-formation. To protect the subdural space from infection a strip of iodoformized gauze was tightly packed into the crevice and was brought out at the left lower angle of the wound. The inner aspect of the scalp flap was now well scraped to free it from the adherent sac, and was sutured back into its old place with catgut. After the operation, which lasted about half an hour, the patient's pulse was 114, respiration 28; temperature 99.6° There was some general collapse, which rendered necessary a stimulating enema of hot water and an ounce of whiskey. Next day the boy's condition was good. Highest recorded temperature 99.2°. On the 20th patient vomited his supper. His wound was dressed the first time five days after the operation, and the deep packing of iodoformized gauze was removed through the angle of the wound. There was some stitch-hole suppuration, but not enough to interfere with the healing of the flap into its old position.

Subsequently the case progressed in an uneventful manner, and the boy was discharged on September 3d, apparently well.

On November 2, 1894, I again saw the little fellow, and there was a sound scar with not a trace of fissure or protrusion.

I have reported this case on account of its extreme rarity and to indicate a method of dealing with such conditions.

The reason for the existence of the meningocele I am unable to give. Fracture of the skull is a common enough accident, while traumatic meningocele is uncommon.